

OFFICE OF ECONOMIC DEVELOPMENT
TRANSPORTATION ECONOMIC DEVELOPMENT FUND
CATEGORY B: COMMUNITY SERVICE INFRASTRUCTURE FUND APPLICATION
[Application Instructions](#)

Page 1 of 3

APPLICANT INFORMATION

CITY OR VILLAGE NAME	MAILING ADDRESS	ZIP CODE	COUNTY
CONTACT PERSON	TITLE	PHONE NO. Ext:	E-MAIL ADDRESS
STATE SENATOR NAME	STATE SENATE DISTRICT NO.	STATE REP. NAME	STATE REP. DISTRICT NO.

PROJECT INFORMATION

1.) STREET NAME	PROPOSED PROJECT LIMITS (Use Nearest Cross Streets)	ROADWAY CLASSIFICATION	CONSTRUCTION COST
-----------------	--	---------------------------	----------------------

DESCRIPTION OF PROPOSED WORK (See [Application Instructions - Appendix I: Preventative Maintenance Guide](#))

STREET NAME	PROPOSED PROJECT LIMITS (Use Nearest Cross Streets)	ROADWAY CLASSIFICATION	CONSTRUCTION COST
-------------	--	---------------------------	----------------------

DESCRIPTION OF PROPOSED WORK

STREET NAME	PROPOSED PROJECT LIMITS (Use Nearest Cross Streets)	ROADWAY CLASSIFICATION	CONSTRUCTION COST
-------------	--	---------------------------	----------------------

DESCRIPTION OF PROPOSED WORK

STREET NAME	PROPOSED PROJECT LIMITS (Use Nearest Cross Streets)	ROADWAY CLASSIFICATION	CONSTRUCTION COST
DESCRIPTION OF PROPOSED WORK			

STREET NAME	PROPOSED PROJECT LIMITS (Use Nearest Cross Streets)	ROADWAY CLASSIFICATION	CONSTRUCTION COST
DESCRIPTION OF PROPOSED WORK			

2.) IS ANY ADDITIONAL RIGHT-OF-WAY NEEDED FOR THE PROJECT(S)? YES <input type="checkbox"/> NO <input type="checkbox"/>	3.) IF "YES" TO 2, PLEASE BRIEFLY DESCRIBE BELOW.	
4.) WILL THE PROPOSED PROJECT(S) BE PAIRED WITH OTHER INFRASTRUCTURE WORK? – I.E. SEWER, WATER, ELECTRIC, OR OTHER? YES <input type="checkbox"/> NO <input type="checkbox"/>	5.) IF "YES" TO 4, PLEASE BRIEFLY DESCRIBE BELOW.	
6.) REQUIRED DOCUMENTS CHECKLIST (Attach these documents along with this application to the submission email) <input type="checkbox"/> RESOLUTION OF SUPPORT <input type="checkbox"/> PHOTOS <input type="checkbox"/> MAP		
7.) CATEGORY B FUNDS REQUESTED (PHYSICAL CONSTRUCTION ONLY)	8.) LOCAL CONSTRUCTION MATCHING FUNDS (50% MINIMUM MATCH REQUIREMENT)	9.) TOTAL CONSTRUCTION COSTS

IMPLEMENTATION INFORMATION

10.) PROPOSED PROJECT START DATE (mm/dd/yyyy)	11.) WILL THE PROPOSED WORK BE PAIRED WITH OTHER ROADWORK BY ANOTHER AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>	12.) IF "YES" TO 11, PLEASE PROVIDE THE AGENCY'S NAME. 13.) WILL YOUR AGENCY OVERSEE THE GRANT IMPLEMENTATION? YES <input type="checkbox"/> NO <input type="checkbox"/>
14.) IF "NO" TO 13, WILL ANOTHER LOCAL AGENCY OVERSEE THE GRANT IMPLEMENTATION? YES <input type="checkbox"/> NO <input type="checkbox"/>		15.) IF "YES" TO 14, PLEASE PROVIDE THE AGENCY'S NAME.
16.) IF "NO" TO 14, WILL A WILL A CONSULTANT ENGINEERING FIRM OVERSEE THE GRANT IMPLEMENTATION YES <input type="checkbox"/> NO <input type="checkbox"/>		17.) IF "YES" TO 16, PLEASE PROVIDE THE FIRM'S NAME.
18.) ADDITIONAL COMMENTS		

Please submit application to: MDOT-OED-CategoryB@michigan.gov